

DOCKET FILE COPY ORIGINAL

Received & Inspected

JUI 08 2014

FCC Mail Room

June 26, 2014

Via Electronic Filing

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re:

WC Docket No. 10-90, WC Docket No. 11-42

2014 ETC Annual Report of Northern Valley Communications, LLC

Study Area Code 399017

Dear Secretary:

On behalf of Northern Valley Communications, LLC ("Northern"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Northern seeks confidential treatment under the FCC's Protective Order for the information filed pursuant to Section 54.313(f)(2) of the Commission's regulations¹. Northern also seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1). The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Heath Koth Telco Consultant Phone: (605) 995-1832 Fax: (605) 995-1778 Heath.Koth@Vantagepnt.com

Enclosure(s)

cc: Tanya Berndt, Chief Financial Officer, James Valley Cooperative Telephone Company Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd	0
List ABCDE	-01/2-11/10/2-2-11/0-2-11/0-2

¹ Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order).

<010>	Study Area Code	399017		
<015>	Study Area Name	Northern Valley C	ommunications	Received & Inspected
<020>	Program Year	2015		10057-154-
<030>		Tanya Berndt		JUI 08 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6057251073 ext.		FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.net		
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200>	Outage Reporting (voice)		(complete attached worksheet)	/ /
<210>		outages to report		/ Section section
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)			15/11/15
			(atta	ch descriptive document)
<320>	Unfulfilled Service Requests (broadband)			/
<330>	Detail on Attempts (broadband)		lott	ach descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			
<420>	Mobile 0.0			
<430> <440>	Number of Complaints per 1,000 customers (broads	pand)		/
<450>	Mobile 0.0			
<500>	Service Quality Standards & Consumer Protection Ro 399017SD510.pdf	ules Compliance	(check to indicate certification)	/ /
<510>			(attached descriptive docume	ent)
<600>	Functionality in Emergency Situations		(check to indicate certification)	
	399017SD610.pdf		(attached descriptive document)	
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800>	Operating Companies and Affiliates		(complete attached worksheet)	
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability		if yes, complete attached worksheet) (check to indicate certification)	1
	3990178D1010.pdf			Tanker day day day day day
<1010>			(attach descriptive document)	/
<1100>	Terrestrial Backhaul (Y/N)?		(if not, check to indicate certification)	
<1110>	Terms and Condition for Lifeline Customers		(complete attached worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional I	Documentation Wor	(complete attached worksheet) ksheet	
	Including Rate-of-Return Carriers affiliated with Pri			
<2000>	annumentu. Turkun 1995 Turkun (1995)		(check to indicate certification)	1888 S
<2005>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Wor	(complete attached worksheet)	
<3000>	ion reactions	1101	(check to indicate certification)	Protection .
<2005×			from the other had not been	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	rvise Suellry Improvement Auporting Hection Form	PCC Form #82 CINIS CONTROL TO TO CONTROL NO. Shed-gass Unit 2011
<010>	Study Area Code	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O •
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How (USF) was used to improve service quality	
<116>	How (USF)was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

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<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NOR: Referer Number	ce Outage Start	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
-	+										
-	_							-			
								-			
	-							1			

er Victoria ver		
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
	20 00 00 00 00 0 00 00 00 00 00 00 00 00	
<701>	Residential Local Service Charge Effective Date 1/1/2014	
<702>	Single State-wide Residential Local Service Charge	

	7				T		Pr	
State	Evchange (II FC)	SAC (CETC)	Rate Tyne	Residential Local	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area	Total per line Rates and Fees
State	exchange (rece)	SAC (CETC)	nate Type	Service nate	State Substriber time charge	State Offiversal Service Fee	Service Charge	Total per line nates and Tees
		-		_				
		-		See at	tached worksheet			
		-						-
								-
	State	State Exchange (ILEC)	State Exchange (ILEC) SAC (CETC)	State Exchange (ILEC) SAC (CETC) Rate Type	State Exchange (ILEC) SAC (CETC) Rate Type Service Rate	State Exchange (ILEC) SAC (CETC) Rate Type Service Rate State Subscriber Line Charge	Residential Local	State Exchange (ILEC) SAC (CETC) Rate Type Service Rate State Subscriber Line Charge State Universal Service Fee Service Charge

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	Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

711>				or place the owner.	p. 00 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
		_	- See attac	hed				
			worksheet -					
	 							
		-						

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<039>	Contact Email Address	Email Address of person identified in data line <030>	tanyab@nvc.net
<810>	Reporting Carrier	Northern Valley Communications, LLC	
<811>	Holding Company	James Valley Cooperative Telephone Company	
<812>	Operating Company	Northern Valley Communications, LLC	

Affiliates	SAC	Doing Business As Company or Brand Designation

	See attached worksheel	

- A		
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<039>	Contact Email Address - Email Address of person identified in data line	<030> tanyab@nvc.net
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If your c	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes	
to confir	rm the status described on the attached document(s), on line 920,	
demons	trates coordination with the Tribal government pursuant to	Select
§ 54.313	3(a)(9) includes:	(Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	(VA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

u" "Ban		
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<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

V (1)		
<010>	Study Area Code	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <0	
<039>	Contact Email Address - Email Address of person identified in data line <0	30> tanyab@nvc.net
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	399017SD1210.pdf
		Name of Attached Document
<1220>	Link to Public Website HTT	,
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ibsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,]
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net		
CHECK the	boxes below to note compliance as a recipient of Incremental Connect Ameri	ca Phase Leunnort frozen High Cost sunnort His	th Cost support to offeat access charge reductions, an	d Connect America Phase II
CHECK the	support as set forth in 47 CFR § 54.313(b),(c),(d),(c	[위기 : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	경기 그림 이 이 이 아이를 보고 있다면 그 사람이 하실 때 그리고 있다.	d Collifect America Phase II
	support as set total in 47 Crit & 34.313(0)(C)(a)(1)	y the information reported on this form and in t	ne documents attached below is accurate.	
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
	75. 76 (1996) AND 1900 (1996)		_	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
, , , , , , , , , , , , , , , , , , , 				
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	3rd year Broadband Service Certification			
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on I pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	shall provide the number, names, and		
				12
		T .		
		l l		
<2021>	Interim Progress Community Anchor Institutions	1		
	9	1		Į.
			-	
				J
		Name of A	ttached Document Listing Required Information	

U " =_			
<010>	Study Area Code	399017	
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CHECK t		to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with information reported on this form and in the documents attached below is accu	
			1
(3010)	Progress Report on 5 Year Plan	1	1
	Milestone Certification (47 CFR § 54.313(f)(1)(i))		
		Name of Attached Document Listing Required Information	
(3011)	Please check this box to confirm that the attached document(s), on line 30 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addrest providing access to broadband service in the preceding calendar year.		
(2012)	Community Analysis Institutions (AZ CCD 5 FA 2020G/AV/01)		1
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		1
		Name of Attached Document Listing Required Information	_
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
Please	check these boxes to confirm that the attached document(s), on line 3017,	contains the required information pursuant to § 54.313(f)(2) compliance re	equires:
	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	Flows	
	700		\neg
(3017)	If the response is yes on line 3014, attach your company's RUS annual		l.
31 35%	report and all required documentation	t	1
		Name of Attached Document Listing Required Information	
(2010)	V44	(Yes/No) IOIO	
(3018)	If the response is no on line 3014, Is your company audited?	(res/rio)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuent to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a for	mat comparable to RUS Operating Report for Telecommunications	×
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	h Flows	
(3021)	Management letter issued by the independent certified public accountant that p	erformed the company's financial audit.	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	_	
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
Inna	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Car	h Flows	1
	1		1
(3026)	Attach the worksheet listing required information		1
0.515(6)	Market and the second s		1
	L		1
		Name of Attached Document Listing Required Information	

Study Area Code	399017
Study Area Name	Northern Valley Communications
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	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilitie reciplents; and, to the best of my knowledge, the information reporte	es include ensuring the accuracy of the annual reporting requirements for universed on this form and in any attachments is accurate.	al service support
Name of Reporting Carrier: Northern Valley Communications		
Signature of Authorized Officer: CERTIFIED ONLINE	Date	06/20/2014
Printed name of Authorized Officer: Tanya Berndt		
Title or position of Authorized Officer: CPO		
Telephone number of Authorized Officer: 6057251000 ext.		
Study Area Code of Reporting Carrier: 399017	Filing Due Date for this form: 06/30/2014	

<010>	Study Area Code	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the Information reported on behalf of the reporting of
also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports ar	sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recip	ients on Behalf of Reporting Carrier
생물과 위투다 많은 아이들은 여자 마음이 있다. 원투 경이 나가 그 때문에 가입하는데 하다 나라를 먹었다.	horized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the inform	옷이 보고 있다면서 가게 하다 하는 것이 없는데 보고 있는데 가게 하고 있다면 하지만 하지 않는데 가게 하는데
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
litle or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
	Filing Due Date for this form:	

Attachments

<010>	Study Area Code	399017
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<703>

<702> Single State-wide Residential Local Service Charge

S. 10 (10 m 21)	7.0						We to the last season from	
State	Exchange (ILEC) Northern Valley	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
SD	Northern Valley		PR	16.0	0.0	0.0	0.0	16.0
								-
								
							·	
								-
								-

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<711>

			1 1 1 1	2.5	ν,,			
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
SD	0	0.0	0.0	0.0	0.0	0.0	0.0	Other, CETC's not required report broadband price
						-		
							l	

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<810>	Reporting Carrier	Northern Valley Communications, LLC	
<811>	Holding Company	James Valley Cooperative Telephone Company	
<812>	Operating Company	Northern Valley Communications, LLC	

Affiliates	SAC	Doing Business As Company or Brand Designation
James Valley Cooperative Telephone Company	391664	James Valley Telecommunications
James Valley Wireless, LLC	399014	JVW

CERTIFICATION OF NORTHERN VALLEY COMMUNICATIONS, LLC

Reporting Period January 1 - December 31, 2013

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Northern Valley Communications, LLC

hereby certifies that it is in compliance with applicable service quality standards and consumer

protection rules. Northern Valley Communications, LLC follows Customer Proprietary Network

Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to

the FCC's current CPNI rules and regulations. Customer privacy notice information is attached.

Northern Valley Communications, LLC has also implemented an Identity Theft Prevention

Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 16, 2014.

James Groft, CEO

Northern Valley Communications, LLC

Important Notice Regarding Your Account OPT-OUT CPNI NOTICE

Northern Valley Communications (NVC) is requesting your approval to access, use, disclose, or distribute your Customer Proprietary Network Information (or "CPNI") for certain purposes. CPNI consists of the call, service and billing records regarding your use of the telecommunications services that you purchase from us (e.g., the telephone numbers you call; the frequency, timing and duration of your calls; and the telecommunications and information services you purchase).

NVC is requesting your approval to use your CPNI for the following purposes only: to develop and market new and additional services and to determine which customers may benefit from these services and enhancements. Use of CPNI data will allow NVC to tailor our service offerings to your individual needs.

For this purpose, CPNI data will be used by NVC only. This data will not be shared by NVC with any other outside source except as necessary and required to provide the service(s) to which you are already subscribed, and unless we are legally compelled to.

You have a right to the confidentiality of your CPNI, and NVC and other carriers have a duty, under federal law, to protect that confidentiality. You have a right to approve or disapprove the proposed access, use, disclosure and/or distribution of your CPNI.

If you approve, NVC may be better able to offer products and services tailored to your needs. Your approval will be valid for up to two years, but you may revoke or limit it at any time by notifying NVC in writing that you are doing so. If you disapprove, it will not affect the provision to you of any of the existing services which you purchase from NVC. However, we will not be able to use your CPNI to develop and offer to you new or additional services or service packages. Your disapproval will remain in effect until you revoke or limit it, which you may do in writing at any time.

If you are willing to give NVC your approval for the proposed use of your CPNI, you need do nothing further. Your approval will be deemed to have been granted thirty-three (33) days after this notice was sent to you. If you do not approve the proposed use of your CPNI, you need to sign and date the form below and return it to NVC in the enclosed envelope, or fax it to NVC at 725-1050, or call NVC's business office at 725-1000 during regular business hours (or by dialing 611 from your home phone) or email us at marketing@nvc.net.

I have read this OPT-OUT CPNI No use of CPNI for the customer account	OTICE, and DO NOT approve of the proposed at specified below.
Customer Name	Phone Number
Customer Billing Address	
Signature	
Date	
	NORTHERN VALLEY

CERTIFICATION OF NORTHERN VALLEY COMMUNICATIONS, LLC

Reporting Period January 1 - December 31, 2013

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, Northern Valley Communications, LLC hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Northern Valley Communications, LLC is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Northern Valley Communications, LLC has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. Northern Valley Communications, LLC's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Northern Valley Communications, LLC has redundancy in its network for use in re-rerouting

I verify that the foregoing is true and correct. Executed on June 16, 2014.

James Groft, CEO

Northern Valley Communications, LLC

traffic when facilities are damaged.

CERTIFICATION OF NORTHERN VALLEY COMMUNICATIONS, LLC

Reporting Period January 1 - December 31, 2013

47 CFR 54.313(a)(10) - Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the

pricing of Carrier's voice services is no more than two standard deviations above the applicable

national average urban rate for voice service, as specified in the most recent public notice issued by the

Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state

regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in

the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh

Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and

Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation

to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 16, 2014.

James Groft, CEO

Northern Valley Communications, LLC



Lifeline Assistance Application and Certification Form

Company Name: Northern Valley Communications SPIN: 143019465

(Please Print or Type) Last Name: _____ First Name: _____ MI: ____ Residential Address (Do not use a P.O. Box address): City: _____ State: ____ ZIP: ____ Is your residential address a permanent address?

Yes

No Billing Address (If different from residential address): City: _____ State: ____ ZIP: ____ Social Security Number: __ (If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.) Date of Birth: Telephone Number: _____ (if existing service) Telephone number where you can be reached or receive messages: Are you currently receiving Lifeline assistance through any other telephone provider? Yes ____ No ____ I am applying for: Lifeline (\$9.25/monthly service discount for Landline Phone) Toll Limitation Service (free toll blocking or toll control)

l, one o	or more of my dependents, or my household currently participates in one or more of the following ms:
	Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
	Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
	Supplemental Security Income (SSI)
	Federal Public Housing Assistance (Section 8)
	Low-Income Energy Home Assistance Program (LIHEAP)
	Temporary Assistance for Needy Families (TANF)
	National School Lunch Program's Free Lunch Program
	OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of
	individuals in my household is:

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

2014 Federal Poverty Guidelines - 135%

	cuciai i overty Guidellines - roc			
Household		Housel	Household	
Size		Size		
1	\$15,755	5	\$37,679	
2	\$21,236	6	\$43,160	
3	\$26,717	7	\$48,641	
4	\$32,198	8	\$54,122	

For each additional person after 8, add \$5,481 to the annual guideline.

Source: Federal Register, Vol. 79, No. 14, January 22, 2014, pp. 3593-3594

Important Information

You will be required to provide documentation of eligibility. Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I give NVC permission to release to the Universal Service Administration Company (USAC) or its agent any records required to confirm that my household receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies and I will have to select one service and I will be de-enrolled from the other.
Initial here

I certify, under penalty of perjury, that:

- I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;
- (2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- (3) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- (7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);
- (8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- (9) The information contained in this application and certification form is true and correct to the best of my knowledge.

 Signature

 Date

 Provide the completed application and certification form to your phone company. Your telephone company will

contact you for any additional information needed to prove eligibility.

For more information about Lifeline, see www.PUC.SD.gov/Lifeline

Please return	this applicatio	n and all documentation to:		
NVC 1812 6 th Ave SE Aberdeen, SD 57401 (Monday thru Friday 8am - 6pm) or 1316 E 7 th Ave Redfield, SD 57469 (Wednesday 10am - 4pm) 725-1000 Aberdeen; 475-1000 Redfield; 1-888-919-8945 Toll-Free				
	Office Us	se Only		
Employee Signature	Date	Form(s) used to determine eligibility		

Northern Valley Communications (SAC 399017)

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY